

CITY OF DOVER APPLICATION OF PEDDLERS/VENDORS LICENSE

Dover City Clerk

Municipal Building – 288 Central Avenue

Dover, NH 03820-4169

(603) 516-6020

PLEASE PRINT

Name of Applicant: _____ Telephone No. _____

Home Address: _____

Business Address: _____ Telephone No. _____

Name and Address of Owner other than Applicant: _____

_____ Telephone No. _____

Location for Sale of Goods: _____

Product (s) to be Sold: _____

Are they produced or grown by applicant: _____

Requested Effective Date of Operation: From: _____ To: _____

Days and Hours of Operation: _____

THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION

*Description & Photograph of stand or motor vehicle being used: Yes ____ No ____

*Motor vehicle registration and license plate number: _____

*Certificate of Insurance: Yes ____ No ____

*Certificate of Inspection for equipment to be used: (Food/Beverage Vendors) Yes ____ No ____

*Copy of State License issued to applicant pursuant to provisions of R.S.A. 320:8 or signed statement claiming exemption therefrom: Yes ____ No ____

*Positive I.D.

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT:

Signature of Applicant: _____

ANNUAL LICENSES EXPIRE AT MIDNIGHT ON MAY 31st AND MAY BE REVOKED FOR JUST CAUSES

Licensing Board: _____

Approved _____

Disapproved _____

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LICENSE FEES

_____ \$10.00 per week to peddle other than from a motor vehicle, not to exceed
12 weeks in duration (payable upon application)
_____ Peddler - \$200.00 per year per vehicle to peddle from a motor vehicle
(payable upon application)
_____ Vendor - \$200.00 per year to vend from a fixed location
(payable upon application)
_____ - \$200.00 per year per vehicle to vend from a motor vehicle
(payable upon application)

RELEASE OF INFORMATION

I hereby, authorize the Dover Police Department to release any and all records (including criminal records) in my name. I understand that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any liability arising out of, or resulting from the release of this information. I am willing that a Photostat of this authorization be accepted with the same authority as the original.

PRINTED NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

DATE OF BIRTH: _____ SSN: _____ SEX: _____

MAIDEN NAME IF APPLICABLE: _____

PRESENT ADDRESS OF APPLICANT: _____

PREVIOUS ADDRESS OF APPLICANT: _____

WITNESS TO SIGNATURE: _____ DATE: _____

WARNING

It is a crime to knowingly provide false information on this application form. Persons doing so will be investigated and prosecuted by the Dover Police Department. All criminal and motor vehicle summonses, arrests, or convictions must be acknowledged as requested except where they have been annulled. Annulled records are those whereby you have FORMALLY petitioned the court to do so, and the court has granted that petition. If you have any questions as to what should be included in this section of the application form, please call or contact the Dover Police Department for further information.

Effective 6/1/2001